



State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

**APPLICATION FOR WATER TREATMENT OPERATOR
EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE**

1. The Water Treatment Operator Examination, Re-Examination, or Examination for Restricted Certificate Application form (DHS 8629 (2/04)) must be filled out **COMPLETELY**. The application must be typed or printed legibly in ink. An incomplete or illegible application will result in a delay in evaluation of your qualifications and scheduling for examination.
2. If you are not sure of the requirements for a particular grade, either refer to the Regulations or contact this office for clarification before submitting your application as **FILING FEES ARE NONREFUNDABLE**.
3. **Legible copies of official transcripts or certificates of completion** (noting the number of hours/units of training completed) **MUST** be included to verify your educational qualifications. (**PLEASE NOTE:** Copies of report cards and unofficial transcripts **are not** acceptable verification of course work.) **ALL MINIMUM EDUCATIONAL QUALIFICATIONS MUST BE MET BY THE FINAL FILING DATE OF THE EXAM YOU WISH TO PARTICIPATE IN.**
4. Your application must be signed and dated. You must indicate the grade for which you are applying. ***This application is used solely for the purpose of TAKING THE EXAM.***
5. Be sure the appropriate fee is attached to your application, in check or money order form, made out to DHS-OCP. **DO NOT SEND CASH.**

EXAMINATION FEES

| | | | | |
|-------------------|-------------------|--------------------|--------------------|--------------------|
| Grade 1 = \$50.00 | Grade 2 = \$65.00 | Grade 3 = \$100.00 | Grade 4 = \$130.00 | Grade 5 = \$155.00 |
|-------------------|-------------------|--------------------|--------------------|--------------------|

RE-EXAMINATION FEES

| | | | | |
|-------------------|-------------------|-------------------|-------------------|--------------------|
| Grade 1 = \$30.00 | Grade 2 = \$45.00 | Grade 3 = \$70.00 | Grade 4 = \$95.00 | Grade 5 = \$120.00 |
|-------------------|-------------------|-------------------|-------------------|--------------------|

6. Mail completed application and filing fee to:

California Department of Health Services
Drinking Water Technical Programs Branch
Operator Certification Program
MS 7417
P.O. Box 997413
Sacramento, CA 95899-7413

(916) 449-5610
Fax (916) 449-5654

PROPOSED EXAM SITES (Grades 1–4)

| | | | | |
|--------|-------------|-------------------------------|-----------|---------------|
| Eureka | Los Angeles | Sacramento | San Diego | Santa Barbara |
| Fresno | Redding | San Bernardino/Riverside Area | San Jose | Vallejo |

GRADE 5 EXAM SITES: Northern California/Southern California

APPLICATION FOR WATER TREATMENT OPERATOR EXAMINATION, RE-EXAMINATION, OR EXAMINATION FOR RESTRICTED CERTIFICATE

| | | | | | |
|--|---------------|-------------------|--|------------------|--|
| Operator number | | Exam results | | Date received | |
| Application approved for | | | | | |
| <div style="display: flex; justify-content: space-around;"> T1 T2 T3 T4 T5 </div> | | | | | |
| Acknowledgement sent | Approval sent | | | | |
| Application NOT approved | | Certificate dated | | Certificate sent | |
| <input type="checkbox"/> Insufficient specialized training/verification <input type="checkbox"/> High school/GED information incomplete | | | | | |
| Comments | | | | | |

PLEASE DO NOT WRITE ABOVE THIS LINE

Please type or print legibly in ink.

1. PERSONAL INFORMATION

| | | | | | |
|---|--|--|--|------------------------|----------|
| Name (last, first, middle initial) | | Date of birth | | Social Security number | |
| | | / / | | - - | |
| Mailing address (number, street) | | City | | State | ZIP code |
| Work telephone number () ext. | | Home telephone number () | | E-mail address | |
| Are you currently certified by the State of California as a potable water treatment operator ? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Operator number | Grade |
| | | | | Issue date | |
| Are you currently certified by the State of California as a distribution operator ? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | Operator number | Grade |
| | | | | Issue date | |

2. EDUCATION

| | | | | | | | | | |
|--|---------------------|--|--|-----------------------|--|--------------------------------------|--|--|--|
| Did you graduate from high school? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | OR | | Did you obtain a GED certificate? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Date (month/year) | Name of high school | | | Location (city/state) | | | | | |
| If you are applying for a T1 or T2 ONLY , and you do not have a high school diploma or GED certificate, you must have one year of experience as an operator of a facility that requires an understanding of chemical feeds, hydraulic systems, or pumps. <u>This experience must be verified with a copy of your utility's official job description.</u> | | | | | | | | | |
| From (mm/yy) | To (mm/yy) | Name and address of employer | | | | Supervisor's name | | | |
| | | | | | | Supervisor's telephone number () | | | |

3. EXAMINATION INFORMATION

| | | | | | | | |
|---|--|-----|--|--|--|---------------------|--|
| This application is for grade | | Fee | | This application is for | | Preferred exam site | |
| T | | | | <input type="checkbox"/> Exam <input type="checkbox"/> Re-exam <input type="checkbox"/> Restricted certificate | | | |
| Do you have an ADA Title I disability/impairment for which you may need assistance during the exam? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <i>If yes, please enclose a letter (from a professional authorized to make such assessments) that describes the specific accommodations that will be required.</i> | | | | | | | |
| Please indicate if your religious beliefs prevent you from taking an exam on Saturday. <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| <i>If yes, please enclose a letter from your church stating that you are a member in good standing, and why you cannot participate in a Saturday examination.</i> | | | | | | | |

4. SPECIALIZED TRAINING (For grades 2–5 applicants only—Grade 1 applicants proceed to item 5.)

You must fill in the course information below and attach legible copies of **OFFICIAL TRANSCRIPTS** or **CERTIFICATES OF COMPLETION** as proof of attainment of the required course work (certificates of completion must include the number of hours of instruction completed). *Please include only that information which verifies completion of the required course work.* **PLEASE NOTE: COPIES OF REPORT CARDS OR UNOFFICIAL TRANSCRIPTS ARE NOT ACCEPTABLE VERIFICATION OF COURSE WORK.**

Each course must be a minimum of 3 units or 36 hours of continuous formal instruction and must be provided by an organization accredited by the International Association of Continuing Education Training (IACET).

T2 applicants: One course in drinking water treatment

T3 applicants: Two courses, one of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

T4 applicants: Three courses, two of which must be in drinking water treatment, while the general course can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

T5 applicants: Four courses, two of which must be in drinking water treatment, while the two general courses can be in drinking water or wastewater treatment, drinking water or wastewater quality, or drinking water distribution

Drinking Water Treatment

| | | |
|-------------------|-------------------------|----------------|
| Course title | Units/hours | Date completed |
| Instructor's name | College or organization | |
| Course title | Units/hours | Date completed |
| Instructor's name | College or organization | |

General Course (as stated above)

| | | |
|-------------------|-------------------------|----------------|
| Course title | Units/hours | Date completed |
| Instructor's name | College or organization | |
| Course title | Units/hours | Date completed |
| Instructor's name | College or organization | |

5. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in ineligibility for the examination applied for or revocation of any certificate granted, pursuant to Section 106876 of the Health and Safety Code.



Original signature

Date

PRIVACY ACT DISCLOSURE

This information is required by the California Department of Health Services, Drinking Water Technical Programs Branch. The authority for maintaining the requested information is the California Code of Regulations, Title 22, Section 63810. All information required on the application form must be provided by the applicant. Failure to complete any portion of this form may result in delay or denial of eligibility for examination and/or certification. The information provided is used to evaluate the applicant's eligibility for examination as a water treatment facility operator. No transfers of this information are anticipated. For more information, or access to your records, contact the Drinking Water Technical Programs Branch, Operator Certification Program, MS 7417, P.O. Box 997413, Sacramento, CA 95899-7413; telephone number (916) 449-5610.